

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

FILED  
U.S. DISTRICT COURT  
DISTRICT OF NEBRASKA

## UNITED STATES DISTRICT COURT

2024 JUN 25 PM 3:12

for the

District of Nebraska

OFFICE OF THE CLERK

\_\_\_\_ Division

John Sheridan Hochstetler

Case No.

8:24CV254

(to be filled in by the Clerk's Office)

## Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jury Trial: (check one) ☒ Yes ☐ No

Sarpy County Department of Corrections; Wellpath Care, Inc; Ryan J Mahr, former Director SCDC; Brad C. Risley, RN Health Services Administrator; John Doe;

## Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**  
(Non-Prisoner Complaint)**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

## Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	John Sheridan Hochstetler		
Address	514b Chateau Drive		
	Bellevue	NE	
	City	State	Zip Code
County	Sarpy		
Telephone Number	(531)255-7379		
E-Mail Address	jhochstetler72@gmail.com		

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name	Sarpy County Department of Corrections		
Job or Title (if known)			
Address	1206 Golden Gate Drive		
	Papillion	NE	
	City	State	Zip Code
County	Sarpy		
Telephone Number	402-949-3876		
E-Mail Address (if known)	Unknown		
<input type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

**Defendant No. 2**

Name	Wellpath Care		
Job or Title (if known)			
Address	3340 Perimeter Hill Drive		
	Nashville	TN	
	City	State	Zip Code
County	Davidson		
Telephone Number	1-800-592-2974		
E-Mail Address (if known)	corpcomm@wellpath.us		
<input type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

## Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

## Defendant No. 3

Name  
Job or Title (if known)  
Address  
  
County  
Telephone Number  
E-Mail Address (if known)

Ryan J. Mahr  
Former Director Sarpy County Department of Corrections  
12507 Windward Cir.

Papillion NE  
City State Zip Code

Sarpy  
Unknown  
Unknown

☒ Individual capacity ☐ Official capacity

## Defendant No. 4

Name  
Job or Title (if known)  
Address  
  
County  
Telephone Number  
E-Mail Address (if known)

Brad Christopher Risley  
Registered Nurse - Health Services Administrator  
18514 Hampton Drive

Omaha NE  
City State Zip Code

Sarpy  
Unknown

brad.risley@wellpathcare.com

☒ Individual capacity ☐ Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?  
8th Amendment Right to be free from cruel and unusual punishment, 14th Amendment right to equal treatment

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

Not Applicable

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Sarpy County Department of Corrections is a governmental agency. Wellpath Care is an entity contracted to provide medical services to the Sarpy County Department of Corrections at the Sarpy County Jail. Ryan J. Mahr was the director of the Sarpy County Department of Corrections during the time of the incidents. Brad C. Risley, RN is listed as the Health Services Administrator for the Sarpy County Jail

### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?  
At the Sarpy County Jail in Papillion, Sarpy County, Nebraska
- B. What date and approximate time did the events giving rise to your claim(s) occur?  
August 16, 2023 through approximately March 9, 2024  
and  
December 6, 2023 through approximately March 9, 2024
- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)  
On August 16, 2024 I was placed in the custody of the Sarpy County Department of Corrections at the Sarpy County Jail. At this time I informed medical staff that I have an implanted Nevro Spinal Cord Stimulator and I had been having some problems with it. Medical staff informed me they could do nothing about it. Approximately 2 days later I filed a grievance on the denial. At that time Sgt. Stone escorted Nurse Brad C. Risley to my housing unit, where Nurse Brad C. Risley informed me that they didn't have to allow me to have my implanted medical device and that he would make sure that I would never see any outside medical to have the issue addresses. I followed up with the Ombudsman's office who requested my records, however, during the intervening time all of my requests were deleted from the system which we were allowed to only file electronically, in an effort to cover the situation up as I informed them that I would be seeking further redress.

(SEE ATTACHED FOR ADDITIONAL)



### **Item III Statement of Claim, Section C (Continued)**

On December 6, 2023 I was taken to the Emergency Department at Midlands Hospital in Papillion, Nebraska for having chest pains and an extremely elevated blood pressure. The attending physician made part of his discharge orders that I be taken to follow up with a Cardiologist within 1 day of my discharge. This never occurred even though medical was well aware of my history of 2 prior myocardial infarctions. After several weeks of trying to get the medical department to follow up I was told by Nurse Heather that Brad (Risley) had ordered that the doctor's orders be ignored as he said I was to get no outside medical help. The actions of Nurse Brad C. Risley put my health and well being at serious risk and displayed deliberate indifference on the part of the medical staff.

The officers, supervisors and administrators of the Sarpy County Jail were fully aware of and kept updated on the deliberate refusal of medical to treat my well documented illnesses and they all refused to do anything about it, making them at a minimum complacent, if not an accomplice in the systematic abuse of inmates by Wellpath Care and Brad C. Risley at the Sarpy County Jail.

#### **Witnesses:**

Jeff Duncan, Inmate  
Dustin Podoll, Former Inmate  
Jesse Streermight, Former Inmate  
Sgt. S. Parker, Sarpy County Jail  
Sgt. Farmer, Sarpy County Jail  
Sgt. Stone, Sarpy County Jail  
Sgt. Banks, Sarpy County Jail  
Officer Chettri, Sarpy County Jail  
Narasha Rouse, RN Wellpath Care  
Andrea White, LPN Wellpath Care  
Nurse Heather, LPN Former Wellpath Care employee  
Nurse Lu, RN Former Wellpath Care employee  
Officer Claypool, Sarpy County Jail  
Officer Mendez, Sarpy County Jail  
Officer Nelson, Sarpy County Jail  
Officer Wier, Sarpy County Jail  
Officer Brand, Sarpy County Jail  
Officer Ahlman, Sarpy County Jail  
Officer Sutherland, Sarpy County Jail

**IV. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Because of the refusal to treat, I suffered for 7 months in debilitating pain with some days barely being able to get out of bed, much less take care of normal activities of daily living. Once released from custody, I was able to have an appointment with my Neurosurgeon Dr. Andrew Gard and the representative from the implant company who did an interrogation of my implant and discovered that the leads had not only been damaged, but had also been moved. If the situation had been addressed when I first brought it up to Jail Medical staff then I would not have had to continue to live in debilitating pain all of these months and now I am facing the possibility of having to have another surgery on my back to correct the issue.

**V. Relief**

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Immediate injunctive and restraining relief to prevent the Sarpy County Department of Corrections, Wellpath Care, and Brad C. Risley, RN from destroying and/or altering any medical records or other such communications dealing with these incidents.

and

All costs that are to be associated with the correction of the implanted spinal cord stimulator, which is ongoing and as yet to be determined.

and

Punitive damages in the amount of \$585,000.00 for pain and suffering. \$1,500.00 per day for 390 days from August 16, 2023 (date medical notified) to September 9, 2024 (date treatment projected to be completed)

and

An order requiring Sarpy County Department of Corrections and Wellpath Care enter into a program supervised by the courts for a period of not less than 5 years to insure that this or a similar incident does not occur again.

and

Any other such relief as the court deems appropriate and necessary.

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: June 14, 2024

Signature of Plaintiff

Printed Name of Plaintiff

  
John Sheridan Hochstetler

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

## CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

## I. (a) PLAINTIFFS

John Sheridan Hochstetler

(b) County of Residence of First Listed Plaintiff Sarpy  
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

## DEFENDANTS

Sarpy County Department of Corrections

County of Residence of First Listed Defendant Sarpy  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☐ 2 U.S. Government Defendant
- ☐ 3 Federal Question  
(U.S. Government Not a Party)
- ☐ 4 Diversity  
(Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |                                         | PTF                        | DEF                        |                                                               | PTF                        | DEF                        |
|-----------------------------------------|----------------------------|----------------------------|---------------------------------------------------------------|----------------------------|----------------------------|
| Citizen of This State                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation                                                | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	<b>PERSONAL INJURY</b>	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 375 False Claims Act
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 690 Other	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))
<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 315 Airplane Product Liability		<b>INTELLECTUAL PROPERTY RIGHTS</b>	<input type="checkbox"/> 400 State Reapportionment
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 320 Assault, Libel & Slander		<input type="checkbox"/> 820 Copyrights	<input type="checkbox"/> 410 Antitrust
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 330 Federal Employers' Liability		<input type="checkbox"/> 830 Patent	<input type="checkbox"/> 430 Banks and Banking
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 340 Marine		<input type="checkbox"/> 835 Patent - Abbreviated New Drug Application	<input type="checkbox"/> 450 Commerce
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)	<input type="checkbox"/> 345 Marine Product Liability		<input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 460 Deportation
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 350 Motor Vehicle	<b>LABOR</b>	<input type="checkbox"/> 880 Defend Trade Secrets Act of 2016	<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations
<input type="checkbox"/> 160 Stockholders' Suits	<input type="checkbox"/> 355 Motor Vehicle Product Liability	<input type="checkbox"/> 710 Fair Labor Standards Act	<b>SOCIAL SECURITY</b>	<input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692)
<input type="checkbox"/> 190 Other Contract	<input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 720 Labor/Management Relations	<input type="checkbox"/> 861 HIA (1395ff)	<input type="checkbox"/> 485 Telephone Consumer Protection Act
<input type="checkbox"/> 195 Contract Product Liability	<input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 740 Railway Labor Act	<input type="checkbox"/> 862 Black Lung (923)	<input type="checkbox"/> 490 Cable/Sat TV
<input type="checkbox"/> 196 Franchise		<input type="checkbox"/> 751 Family and Medical Leave Act	<input type="checkbox"/> 863 DIWC/DIWW (405(g))	<input type="checkbox"/> 850 Securities/Commodities/Exchange
<b>REAL PROPERTY</b>	<b>CIVIL RIGHTS</b>	<input type="checkbox"/> 790 Other Labor Litigation	<input type="checkbox"/> 864 SSID Title XVI	<input type="checkbox"/> 890 Other Statutory Actions
<input type="checkbox"/> 210 Land Condemnation	<input type="checkbox"/> 440 Other Civil Rights	<input type="checkbox"/> 791 Employee Retirement Income Security Act	<input type="checkbox"/> 865 RSI (405(g))	<input type="checkbox"/> 891 Agricultural Acts
<input type="checkbox"/> 220 Foreclosure	<input type="checkbox"/> 441 Voting		<b>FEDERAL TAX SUITS</b>	<input type="checkbox"/> 893 Environmental Matters
<input type="checkbox"/> 230 Rent Lease & Ejectment	<input type="checkbox"/> 442 Employment	<b>IMMIGRATION</b>	<input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant)	<input type="checkbox"/> 895 Freedom of Information Act
<input type="checkbox"/> 240 Torts to Land	<input type="checkbox"/> 443 Housing/Accommodations	<input type="checkbox"/> 462 Naturalization Application	<input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 896 Arbitration
<input type="checkbox"/> 245 Tort Product Liability	<input type="checkbox"/> 445 Amer. w/Disabilities - Employment	<input type="checkbox"/> 465 Other Immigration Actions		<input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision
<input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 446 Amer. w/Disabilities - Other			<input type="checkbox"/> 950 Constitutionality of State Statutes
	<input type="checkbox"/> 448 Education			
	<b>PRISONER PETITIONS</b>			
	<input type="checkbox"/> 463 Alien Detainee			
	<input type="checkbox"/> 510 Motions to Vacate Sentence			
	<input type="checkbox"/> 530 General			
	<input type="checkbox"/> 535 Death Penalty			
	<b>Other:</b>			
	<input type="checkbox"/> 540 Mandamus & Other			
	<input type="checkbox"/> 550 Civil Rights			
	<input type="checkbox"/> 555 Prison Condition			
	<input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

## V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from Another District (specify)
- ☐ 6 Multidistrict Litigation - Transfer
- ☐ 8 Multidistrict Litigation - Direct File

## VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):  
42 U.S.C. 1983Brief description of cause:  
Denial of 8th Amendment Rights

## VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.DEMAND \$  
585,000.00CHECK YES only if demanded in complaint:  
JURY DEMAND: ☒ Yes ☐ No

## VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

## FOR OFFICE USE ONLY

RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_ APPLYING IFP \_\_\_\_\_ JUDGE \_\_\_\_\_ MAG. JUDGE \_\_\_\_\_